

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
Clinical Supervision Verification for LCSW

I. Supervisee's Information

Supervisee Name (Last, First)	License Number

II. Supervisor's Information (completed by supervisor)

Supervisor Name (Last, First)	License Number

III. Supervision Verification (completed by supervisor)

Note: Supervision hours and months must be in whole numbers.

Dates of supervision:	From	(MM/DD/YYYY)	To	(MM/DD/YYYY)	Total Months	
Total number of supervision hours for time period listed above (to be applied to the 100 hour requirement):					Total Hours	
Total hours of supervised professional clinical employment experience worked during this verification period (to be applied to the 3,000 hour requirement):					Total Hours	

IV. Practice Location Name

Practice Location Name	Address

V. Supervisor's Recommendation

As supervisor of the applicant's clinical experience, do you have any reservations about the applicant being granted a license as a licensed clinical social worker?

Yes: ____ No: ____ (If yes, please include a letter outlining your concerns)

VI. Affidavit of Understanding and Signatures

I hereby certify that I have reviewed the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made above, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with the supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature		Date	
Supervisee Name Printed			
Supervisor Signature		Date	
Supervisor Name Printed			

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Revised 8/18/17